

Health Care for All - Washington Comments on the Interim Recommendations Citizens' Health Care Working Group (CHCWG)

Health Care for All - Washington is part of the Washington State Ad Hoc Coalition on the CHCWG. We reaffirm our endorsement of the comments submitted by that Coalition on 8/24/06. In addition, we wish to submit further written arguments in support of the modifications recommended in those comments.

Detailed Comments on the Interim Recommendations

“It should be public policy that all Americans have affordable health care. All Americans will have access to a set of core health care services. Financial assistance will be available to those who need it.” (Formerly Recommendation 1 - and it still should be first.)

You should instead have used the next sentence, articulating the common message heard across every venue, as your recommendation. We put it in bold type to make it easier to compare:

“Americans should have a health care system where everyone participates, regardless of their financial resources or health status, with benefits that are sufficiently comprehensive to provide access to appropriate, high-quality care without endangering individual or family financial security.”

This alternate version is clearly what was favored by a large majority of the public respondents. The two statements are NOT the same. Your poll results show that Americans want everyone insured with dignity and as a matter of law, and not as a charitable program to help the poor if they beg for it. “Financial assistance will be available to those who need it” stigmatizes people unnecessarily, and requires additional administrative bureaucracy to determine eligibility.

In your “Discussion” section under this recommendation, contrary to your statement that “...not, at least not with as much consensus, a program providing everyone with health insurance...”, your poll results clearly show that at least 70% support a “national health plan, financed by taxpayers, in which all Americans would get their health insurance.”

Your paragraph about the “wide variety of views” about how to “accomplish the goal of health care for all” only confuses the issue. Do not forget the 70% referred to above! Not only that, but 65% indicated their willingness to “pay more taxes to have basic health insurance coverage for all.” (Also remember that those answering this question on line didn’t have the choice to substitute “sufficiently comprehensive” for “basic”.) The popularity of Medicare and the Veterans Administration system (VA) only prove that large well-run publicly funded health coverage programs work and are well received. As for the popularity of the Federal Employees Health Benefits Program, bear in mind that

the premiums borne by the employees are high, and the total cost of providing health care to these employees is much higher than the cost of Medicare or the VA on a per person basis.

With a “clear majority” supporting a national program funded by taxes, there is no need to discuss various schemes to prop up the employer-sponsored system that uses the private health insurance industry for coverage. All your complicated ideas would add cost to an already bloated system, and completely ignore the absolutely enormous savings (on the order of \$600 billion per year) to be gained by abandoning the private health insurers in favor of a tax-supported system.

“Define a ‘core’ benefit package for all Americans.” (Formerly Recommendation # 2 - and it still should be second - or third, if the second recommendation is to call for a national health plan.)

First of all, the word “core” should be removed, because of its implication of insufficiency (after all, who would want just the “core” of an apple?). We recommend “sufficiently comprehensive” with its implication of good coverage in the event of serious illness as well as recommended preventive care. Neither term implies that the health coverage system will cover absolutely everything that conceivably could promote good health. The American health system should cover everyBODY, not everyTHING.

We agree that the emphasis should be on coverage for services believed to be medically necessary and shown to be effective by current “evidence-based science and expert consensus....”

Searching through the poll results, we do not find any justification for inclusion of insurers, or for that matter, employers, in the decision-making process about which specific services to include in the benefit package. The poll is hindered by the way in which the question was asked, but only 0.5% and 0.8% respectively thought that insurance companies or employers should make the decisions. 62% chose “some combination” including consumers, medical professionals and government, but there was no breakdown about which interests should be represented in that combination and which should be excluded. We point out that if the major recommendation to “create a national health program, financed by taxpayers”, etc. is adopted, there will be no need to involve insurance companies or employers at all.

We disagree that a “private-public” group is needed to create the initial benefit package, continually monitor it for sufficiency, and evaluate new services for possible inclusion. Under “Discussion” your report states that “The private-public structure of the group is intended to insulate the group from both political and financial influence.” We question whether such insulation is possible at all in the U.S., but point out that a new publicly funded national health system would be providing coverage to the politicians, the CEOs, and their families, as well as everyone else. If anything, representation of the working population and the impoverished needs to be included along with the experts and

financiers in a public decision-making group. Nothing helps keep people honest more than making their families have to live with the results of their work.

“Guarantee financial protection against very high health care costs. No one in America should be impoverished by health care costs. Establish a national program private or public that ensures

- **Coverage for all Americans**
- **Protection against very high out-of-pocket medical costs for everyone, and**
- **Financial protection for low income individuals and families.”**

(Formerly Recommendation #3)

Our main comment is that more than 70% of the public respondents wanted a publicly financed national health program. Since this Recommendation only refers to the financing of health care, the word “private” should be removed. However, we emphasize that a publicly financed national health insurance program need NOT interfere with privately delivered health care. To be crystal clear: Americans CAN BE FREE to choose their own providers under a publicly financed universal coverage system. No more short lists of participating providers.

The most frightening part of the current U.S. non-system of health care is the likelihood of enormous “patient responsibility” bills in the event of a serious illness or accident. These potential bills are so high that the middle class is even more threatened than the poor, who have less to lose before public charity (Medicaid) helps out. Middle class people with considerable assets and a comfortable lifestyle often are financially ruined by illness in the U.S., unlike ANY other civilized nation. We believe that is why the poll respondents chose, by a large majority, “to protect against high medical costs” as “the MOST important reason to have health insurance.” Interpreting this poll result, as you have done in the rest of this section, as meaning that people ONLY want catastrophic coverage would be inappropriate. This question as worded did not allow any more nuanced expression of opinion.

We want to emphasize, once again, that a tax-financed national health insurance program that covers everyone would solve the problem of paying for expensive illnesses by spreading the cost over the entire population. The various schemes that take a page and a half of “Discussion” all would have large administrative costs, and many of them have been tried without success. None of these schemes is supported by the opinions tabulated in the three polls.

We agree that there is a need for immediate relief, even before a national health program can be established, from unaffordable medical bills. The simplest is to allow anyone who finds him/herself in this situation in the interim access to Medicaid without first having to spend down all assets. Extra federal support for the states’ Medicaid programs would be required, but would be much less expensive than any of the schemes mentioned above. In any event, your recommendations need to include some kind of interim relief to put an immediate stop our national disgrace of medical bill-induced bankruptcies.

“Support integrated community health networks. The federal government will lead a national initiative to develop and expand integrated public/private community networks of health care providers aimed at providing vulnerable populations, including low income and uninsured....” (And on and on and on. Formerly Recommendation #4)

We emphasize that most of this is completely unnecessary and tremendously wasteful of federal health care dollars. National health insurance covering everyone would solve most of the problems of concern in this recommendation. As the National Association of Community Health centers, Inc. has already commented, much more eloquently and knowledgeably that we can, community health centers fill an important niche in how health care is provided to some groups of citizens, but they are NOT intended to be a substitute for adequate coverage of medical expenses for the entire population.

While we agree that community health networks should be supported, we believe that one of the best ways is to guarantee that all their patients have sufficiently comprehensive health insurance that will pay these providers a decent living for the services they provide. Once everyone is adequately insured, the whole concept of “safety net providers” changes. The focus will be on what health care settings and providers feel comfortable to patients, not on providing charity care to the poor. The ability to provide the latest ideas in preventive care will be strengthened. Reaching out to certain disaffected or vulnerable populations will be much easier to accomplish (and without a whole expensive new bureaucracy) when these populations have health insurance. Experience in other nations with national health programs supports these predictions.

“Promote efforts to improve quality of care and efficiency.” (Formerly Recommendation #5)

We believe that the best way to accomplish this laudable goal is to work toward a public, national set of standards. Until this is accomplished, health care providers are confronted with a blizzard of separate recommendations and management protocols, often conflicting with one another, from public and private payers. Such multiplicity of “standards” is not only redundant and expensive but also impossible for the provider to implement.

Under a tax-funded national health program, it would become easier to evaluate current efforts in this area (and in the area of information technology) and make choices to implement nationwide - or even to try in certain states or regions. Note that Medicare and the VA, large public programs, are leading the way already.

It is also important to emphasize support for improvement on the part of all participants rather than punishment for failure to improve. The current hodgepodge of conflicting/competing recommendations and electronic systems has the emphasis on punishment and no support or help in working to improve. The assumption that “doctors, hospitals, and other providers” have large available stashes of money to invest in “health information technologies as a means to improve quality and increase administrative

efficiency” is false. Consumers can only make wise health care choices if they have not only knowledge but considerable ongoing guidance relevant to their individual situations. (The internet can inundate the consumer with the former, but cannot provide the latter. Direct-to-consumer advertising of medications and devices does neither, but merely confuses consumers about diseases or problems they don’t have and hypes remedies they don’t need.) Simply punishing consumers for wrong choices accomplishes nothing positive for either better health or lower costs.

“Fundamentally restructure the way that palliative care, hospice care and other end-of-life services are financed and provided, so that people living with advanced incurable conditions have increased access to these services in the environment they choose.” (And more about details of care of the dying. Formerly Recommendation #6)

We agree with this recommendation, although there should be no need to keep multiple payers with their attendant redundant bureaucracies. We would only like to point out that this admirable attempt to bring compassion as well as financing to the care of the dying does not take into consideration the population that is not actively dying but is living in long-term care facilities.

It is a national disgrace that our frail elderly citizens who can no longer be cared for within their families must impoverish themselves in order to qualify for public funding for necessary long-term care. We believe that a national health insurance program should provide coverage for long-term care when necessary. There also should be support, in finances and in services, to enable families to care for their elderly relatives as long as possible in the home environment.

Summary

We re-emphasize the overwhelming support evident in all the public input to the Citizens’ Health Care Working Group for a national health program, financed by taxes, covering all Americans for a sufficiently comprehensive package of health services.

Perhaps a second round of public input should be solicited, with questions probing the issues surrounding the creation of such a system, rather than wasting time with various schemes to prop up the employer-based system or the private insurance industry.

The Interim Recommendations, as revised, are quite wordy (even more so than this response!), and, unfortunately, allow plenty of opportunity for those opposed to tax-funded national health insurance to find something supporting their views. **We believe it is vital for the CHCWG to repeatedly emphasize during the Congressional hearings to come that 97% view the health system as in crisis or having major difficulties, 94% believe affordable health care should be a matter of public policy and 90% think health care should cover a level of benefits for all.** The only way to do this without breaking the bank is to create a national, tax-funded, health insurance program to cover every American, and this policy is supported by more than 70% in your polls, even though the questions were not designed to bring out this belief.